

## Continuing Education Submission Form Form D

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 RID Membership Number (If Applicable): \_\_\_\_\_

CEU Hours	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Hours attended (+)												
Breaks / Lunch (-)												
Dinner (-)												
Business Meetings (-)												
<b>Total CEU Hours (=)</b>												

**Please provide the following information for each CEU activity:**

Type of Activity: \_\_\_\_\_ Date(s) of Activity: \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

**Please list the new competencies that you have developed. (This Section Must Be Completed)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Use Form D, Additional Page(s) for additional CEU activities. Please attach copies of continuing education hour documentation (e.g. Certificate of Completion, Web workshop confirmation number, RID CMP Transcripts). Individuals should keep their original documentation in the event ODS selects them for a random audit of CEU activities.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date:

I declare under penalty of perjury, under laws of the State of Nevada, that the above information is true and correct.

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

For ODS office use only: Validation \_\_\_\_\_ Date \_\_\_\_\_

Audited: [ ] yes [ ] no      Date of Audit: \_\_\_\_\_ Initials of Auditor \_\_\_\_\_

**Continuing Education Submission  
Form D Additional Page**

**Name of Activity:** \_\_\_\_\_ **Date(s) of Activity:** \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

Please list the new competencies that you have developed. (This Section Must Be Completed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_ **Date(s) of Activity:** \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

Please list the new competencies that you have developed. (This Section Must Be Completed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_ **Date(s) of Activity:** \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

Please list the new competencies that you have developed. (This Section Must Be Completed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_ **Date(s) of Activity:** \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

Please list the new competencies that you have developed. (This Section Must Be Completed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Continuing Education Submission  
Form D Additional Page**

**Name of Activity:** \_\_\_\_\_ **Date(s) of Activity:** \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

Please list the new competencies that you have developed. (This Section Must Be Completed)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_ **Date(s) of Activity:** \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

Please list the new competencies that you have developed. (This Section Must Be Completed)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_ **Date(s) of Activity:** \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

Please list the new competencies that you have developed. (This Section Must Be Completed)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_ **Date(s) of Activity:** \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

Please list the new competencies that you have developed. (This Section Must Be Completed)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_